



Atty. Dkt. No. 040283/0183

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Sarkis Barret KALINDJIAN et al.**  
Title: ***Histamine H<sub>3</sub> Receptor Ligands***  
Appl. No.: **09/622,544**  
Filing Date: **October 13, 2000**  
Examiner: **B. Kifle**  
Art Unit: **1624**

**AMENDMENT AND REPLY UNDER 37 C.F.R. §1.116**

Commissioner for Patents  
**BOX AF**  
Washington, D.C. 20231

Sir:

In reply to the *Final* Office Action dated April 30, 2002, the due date for response having been extended one month to August 29, 2002, Applicants submit the following Amendment and Reply under 37 C.F.R. § 1.116.

Applicants concurrently file herewith a Petition for Extension of Time under 37 C.F.R. § 1.136(a), with provision for the required fee, to extend the period for response for one month(s) up to, and including, August 29, 2002. If additional fees are necessary to prevent abandonment of this application, the Commissioner is hereby authorized to charge Deposit Account No. 19-0741.

**IN THE CLAIMS:**

/// /  
Please cancel claims 9, 10, 12, and 28 without prejudice or disclaimer to the subject matter contained therein. Applicants reserve the right to file subsequent divisional applications based on the canceled claims.

08/30/2002 SSITHIB1 00000073 09622544

02 FC:103

90.00 OP



Atty. Dkt. No. 040283/0133

SEP 04 2002

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sarkis Barret KALINDJIAN, *et al.*

Title: *Histamine H<sub>3</sub> Receptor Ligands*

Appl. No.: 09/622,544

Filing Date: October 13, 2000

Examiner: B. Kifle

Art Unit: 1624

AMENDMENT TRANSMITTAL

Commissioner for Patents  
BOX AF  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For	=	Extra Claims Present		Rate	=	Additional Claims Fee
Total Claims:	30	<input type="checkbox"/>	25	=	5	x	\$18.00	=	\$90.00
Independents:	5	<input type="checkbox"/>	5	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$90.00

- [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

08/30/2002 SSITHIB1-00000073-09622544

02 FC:103

90.00-00-

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$200.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$200.00

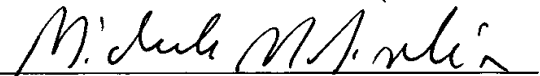
- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$200.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 29, 2002

By



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Washington Harbour  
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Washington, D.C. 20007-5143  
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